

depression, premature ejaculation, and sexual dissatisfaction levels were similar in both penile fracture patients who underwent immediate surgical repair and healthy control subjects. Table 1. Mean scores of PEDT, HADS, and GRISS in patient and control groups.

	Penile Fracture Group (n=32) Mean \pm SD	Healthy Control Group (n=30) Mean \pm SD	p
PEDT	6.6 \pm 2.7	4.8 \pm 2.8	0.20
HADS			
HADS Anxiety	6.4 \pm 5.8	5.6 \pm 2.3	0.71
HADS Depression	4.6 \pm 3.4	5.8 \pm 3.5	0.49
HADS Total	11.0 \pm 8.4	11.4 \pm 5.1	0.91
GRISS			
Frequency	3.0 \pm 2.3	1.9 \pm 1.0	0.22
Communication	2.9 \pm 2.7	2.0 \pm 1.6	0.45
Satisfaction	3.6 \pm 1.5	4.1 \pm 1.4	0.50
Avoidance	1.5 \pm 1.7	1.5 \pm 0.8	0.96
Touching	1.1 \pm 1.5	1.8 \pm 2.4	0.54
Impotence	3.6 \pm 2.9	1.8 \pm 1.6	0.13
Premature ejaculation	4.8 \pm 1.5	4.5 \pm 3.2	0.84
Total	22.8 \pm 6.6	19.9 \pm 5.1	0.35

PEDT: Premature ejaculation diagnostic tool; HADS: Hospital anxiety and depression scale; GRISS: Golombok-Rust inventory for sexual satisfaction.

Conclusions: Penile fracture is a serious trauma for the patients. But immediate surgical repair of corporal ruptures had not any harmful long-term psychogenic sequelae on anxiety, depression, premature ejaculation and sexual satisfaction levels between patients with penile fracture and healthy control subjects.

S11 HEALTH-RELATED QUALITY OF LIFE IN TESTICULAR CANCER SURVIVORS IN SERBIA

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Introduction & Objectives: Testicular cancer (TC) is the most common malignancy in men aged 15-34 years, and there has been increasing incidence in many countries over the past years. With the introduction of platinum-based chemotherapy, TC has become curable in more than 95% of patients, implying the vast number of TC survivors (TCS) and emphasizing the importance of the quality of life of these patients after successful treatment. The aim of this study was to examine health-related quality of life (HRQOL), depression, and sexual function within a large and representative sample of Serbian long-term TCS.

Material & Methods: This is a cross-sectional study involving 202 TCS, regularly followed up for at least one year, in our institution, after radical orchiectomy and platinum based chemotherapy. The HRQOL was assessed by using SF-36 and EORTC QLQ-C30 questionnaires (validated Serbian versions). Beck Depression Inventory (BDI) was used to explore feelings and attitudes relating to general depressive status and to verify the influence of depression on HRQOL of TCS. Sexual function was assessed by a 9-item generic questionnaire.

Results: The mean age of patients involved in this study was 35.3 \pm 9.6 years, and the mean follow-up time was 47.3 \pm 26.8 months. The highest values of the SF-36 scales were obtained for Physical Functioning (89.2 \pm 17.8) and the lowest SF-36 values were obtained for Vitality (72.6 \pm 18.0). The mean score of the whole sample on the BDI-II was 4.0 (standard deviation, 5.0, range 0-22). One hundred seventy-seven patients (87.5%) were not depressed, 22 patients (11.0%) were mildly depressed, 4 patients (2%) were moderately depressed, and no patients were severely depressed. The analysis of mean values of subscales of EORTC QLQ-C30 in our patients showed that the highest mean value of the three symptom scales was registered for Fatigue (19.7 \pm 20.9). A total of 55 (27.3%) TCS reported decreased sexual function compared to the period before treatment. Any level of impairment of erectile function was reported by 42 (20.8%) patients. In patients with decreased sexual function as well as impairment of erectile function, statistically significant differences ($p < 0.01$) were observed in all QOL domains (both SF-36 and EORTC QLQ-C30) and BDI. Depressed mood (measured by BDI) statistically significantly ($p < 0.01$) correlated with all SF-36 and EORTC QLQ-C30 sub-scales.

Conclusions: In conclusion, our patients reported high levels of HRQOL and implied the low risk of long-term psychosocial effects. Additionally, patients with TC should be counseled about the relatively modest impact of their treatment on sexual function.

S12 ONE YEAR RESULTS OF PENILE CORPORAPOPLASTY USING CRURA OF TUNICA ALBUGINEA IN TREATMENT OF PENILE CURVATURE IN PEYRONIE'S DISEASE

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Introduction & Objectives: A Nesbit or plication procedures for correcting penile deformities is associated with penile shortening, especially in patients with excessive curvature. On the other hand, grafting procedures varies in success and long term follow-up shows a significant graft retraction and erectile dysfunction. We evaluated the clinical success of crural tunica albuginea autograft, in our patients during one year.

Material & Methods: Between 2006 and 2010, 14 patients who were referred to Imam Reza hospital (mean age 48.07) with deformity and induration of penis for more than 6 months despite of normal rigidity underwent surgery. After excision of plaque, second incision in perineal midline was made and Tunica albuginea grafting removed from crural segment. Resulting gap was covered with free graft. Follow-up visits were done at 3, 6 and 12 months later.

Results: Major perioperative complications weren't seen and all patients reported spontaneous erection after a week. At 3, 6 and 12 months follow-up there was straightening of penis in 92.85%, 92.85% and 78.25% of patients and acceptable erectile function in 100%, 92.85% and 85.7% of them. After a year, curvature of penis more than 20 degrees in 3 (21.4%) and worsening of erectile dysfunction in 2 patients (14.3%) was happened. Minimal shortening of penis in 3 patients (21.4%) didn't interfere with intercourse. Palpable induration and hyposensitivity of glans, anyone in 2 patients (14.3%) was seen. Patients satisfied of cosmetic results in 92.85% and functional consequences in 78.5%.

Conclusions: Using Tunica albuginea autograft from crural segment for the treatment of Peyronie's disease is an available option with high cosmetic and functional patient satisfaction, acceptable straightening of penis and preservation of erectile function without more shortening. Further studies with more patients and long time follow-up is recommended.

S13 TOTAL PHALLOPLASTY IN FEMALE TRANSSEXUALS: TECHNIQUE AND OUTCOMES

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Introduction & Objectives: Total phalloplasty includes creation of neophallus from an extragenital tissue, large enough to enable insertion of penile prosthesis and penetration during sexual intercourse and is usually done as a separate procedure. We evaluated principles of technique and outcomes using latissimus dorsi microvascular free flap phalloplasty in female transsexuals.

Material & Methods: Between May 2007 and March 2011, 42 female transsexuals, aged 21 – 58 years (mean 37 years) underwent sex reassignment surgery that included: Removal of internal/external female genitalia, creation of neophallus using microvascular latissimus dorsi free flap, clitoral incorporation into the neophallus, urethral lengthening and insertion of testicle prosthesis into the scrotum created from joined labia majora. Penile prosthesis insertion was done 6 to 12 months later.

Results: Follow-up was from 6 to 48 months (mean 31 months). The length of neophallus ranged from 13–17 cm with circumference from 11–14 cm. There was no partial or total necrosis of the phallus. Urethral fistula occurred in 5 cases and repaired 3 months later.

Conclusions: Total phalloplasty is feasible and safe surgical procedure. The main advantage is complete reconstruction of neophallus that avoids multi-staged gender reassignment surgery in female transsexuals. Our results confirmed successful outcome.

S14 DIRECT VISION INTERNAL URETHROTOMY: ROUTINE OR STAR-LIKE INCISION?

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Introduction & Objectives: The aim of the study was to determine outcome of star-like internal urethrotomy in comparison with routine urethrotomy.

Material & Methods: One hundred men with bulbar urethral stricture less than 1.5 cm whom candidate for Direct Vision Internal Urethrotomy (DVIU) were enrolled in this study. Patients with urethral stricture caused by prostatectomy, with history of internal urethrotomy for two times or more, and with stricture in other sites of urethra (except bulbar urethra) had been excluded. Patients were assigned in a randomized manner, with 50 patients in each group of routine internal urethrotomy (group 1) and star-like internal urethrotomy (group 2). After procedure a 16-Fr siliconized foley catheter was inserted for the patients. The foley catheter removed 3 to 7 days post urethrotomy, and Clean Intermittent Catheterization (CIC) was